06-09-03

PATENT

Attorney Docket No. MTI-31041-A

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Ping, et al.

Serial No.

10/046,497

Filing Date

October 26, 2001

For

0 6 2003

Method For Forming Raised Structures by Controlled Selective

Epitaxial Growth of Facet Using Spacer

Group Art Unit

2814

Examiner

LE, Thao X.

Confirmation No.

8624

# CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

Mailing

deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

37 CFR 1.8(a)

37 CFR 1.10

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Transmission

transmitted by facsimile to Fax No\_ addressed to Examiner \_\_\_ at the US Patent and Trademark Office

- Date:

Le 6, 8003

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## **TRANSMITTAL**

1. Transmitted herewith is:

Response After Final (7 pages)

Supplemental Information Disclosure Statement Form PTO-1449

Check in the amount of \$180.00 (IDS fee)

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#### **STATUS**

2. Applicant is a large entity.

RECEIVED JUN 11 2003

#### **EXTENSION OF TERM**

- 3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.
  - [X] Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.
  - [ ] Applicant petitions for an extension of time under 37 C.F.R. '1.136 for the total number of months checked below [fees: 37 C.F.R. '1.17(a)(1)-(4)]:

	Extension	Fee f	or other than	Fee for small entity		
	(months)	<u>small</u>	entity			
[]	one month	\$	110.00	\$	55.00	
Ĺĺ	two months	\$	390.00	\$	195.00	
Ĩ	three months	\$	890.00	\$	445.00	
įj	four months	\$	1,390.00	\$	695.00	
				Fee:	\$0.00	

#### **FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Rema After Amend	_		Highest Number Previously Paid For		Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total	117	Minus	117	=	x 9=\$	\$	x 18	\$ 0.00
Independent	42	Minus	42	_	x 42= \$	\$	x 84	\$ 0.00

FIR	ST	PR	ESI	ENT	AΤ	ION	OF	MUI	<b>TIPI</b>	LΕ	DEP	CLA:	IM
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TOTAL ADDIT. Fee \$

or TOTAL ADDIT. Fee \$ 0.00

- c. [ ] No additional fee for claims is required.
- d. [X] Total additional fee for claims required \$ 0.00

#### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 23-2053. If any additional fee for claims is required, charge Account No. 23-2053.

Date: June 6, 2003

Kristine M. Strodthoff Reg. No. 34,259

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